

Congress of the United States
Washington, DC 20515

March 27, 2019

The Honorable José Serrano
Chair
Appropriations Subcommittee on
Commerce, Justice, Science and
Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Chair
Appropriations Subcommittee
on Labor, Health and Human
Services
U.S. House of Representatives
Washington, DC 20515

The Honorable Robert Aderholt
Ranking Member
Appropriations Subcommittee on
Commerce, Justice, Science and
Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Appropriations Subcommittee on
Labor, Health, and Human Services
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Serrano, Chairwoman DeLauro, Ranking Member Aderholt, and Ranking Member Cole:

As the Commerce, Justice, Science and the Labor, Health and Human Services Subcommittees consider their FY20 priorities, we want to thank you for your leadership in funding programs in the last fiscal year that serves victims of domestic violence, dating violence, sexual assault, and stalking. We respectfully urge you to maintain and increase support for the Violence Against Women Act (VAWA), the Family Violence Prevention and Services Act (FVPSA) and related programs.

Data from the Centers for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) reveals that domestic violence, sexual assault, and stalking are widespread. In fact, domestic violence alone affects more than 12 million people each year. The terrifying conclusion of domestic violence is often murder, and every day in the U.S. an average of three women are killed by a current or former intimate partner. Nearly one in five women have been raped in their lifetime and nearly one in two women have experienced some form of sexual violence. Over 80% of women who were victimized experienced significant short and long-term impacts related to violence such as Post-Traumatic Stress Disorder (PTSD), injury, and missed time at work or school. Finally, NISVS shows that most rape and partner violence is experienced before the age of 24, highlighting the importance of preventing this violence before it occurs.

With high profile cases of sexual assault, sexual abuse, and sexual harassment, there is more demand than ever for recovery services. We are experiencing a watershed moment in our country as survivors of

Our nation has made such phenomenal progress in understanding and addressing violence against women because we have made a national, ongoing, annual investment. With the passage of VAWA in 1994, the infusion of federal funds fostered unprecedented coordination between frontliners responding to domestic violence and sexual assault crises – police officers, victim service providers, prosecutors, judges, and the criminal and civil justice systems. VAWA’s success is clear. According to a Department of Justice (DOJ) study, between 1994-2012, the rate of non-fatal intimate partner violence decreased by 63% and saved the government an estimated \$12.6 billion in the first six years of its creation. The program’s national scope has ensured that successes in individual communities continue to be replicated across the country, with federal funds encouraging states to leverage local and state funds in their efforts to foster innovation and promote best practices.

VAWA’s work is complemented by FVPSA, which is our nation’s only dedicated funding source for domestic violence programs and other related programs. Together, VAWA and FVPSA have fueled our undeniable national progress, however, there is still more work to be done. The National Network to End Domestic Violence (NNEDV) Domestic Violence Counts survey found that in just one day nearly 12,000 requests for services went unmet due to lack of funding and resources. According to a survey by the National Alliance to End Sexual Violence, half of the nation’s rape crisis centers have a waiting list for counseling services while 40% of programs have a waiting list of 30 days or more to respond to rape prevention and education programs. For those individuals who are not able to find safety, the consequences can be dire, including homelessness, continued exposure to life-threatening violence, or even death.

We urge the Subcommittees to commit adequate resources toward these effective, life-saving programs, and provide full funding of \$582 million for VAWA programs administered by the Office on Violence Against Women/Department of Justice; and \$314 million for violence against women programs administered by the Department of Health and Human Services.

Commerce, Justice, Science (CJS) Programs

The Violence Against Women Act (VAWA) – \$582 million

VAWA is a cornerstone of our nation’s response to domestic violence, sexual assault, dating violence, and stalking. Its effective coordinated community response model helps victims find safety and receive services while holding thousands of perpetrators accountable for their actions. VAWA programs support advocacy and accompaniment through medical and legal systems, hotlines, crisis intervention, and prevention. VAWA is anchored by its two-state formula programs: The Sexual Assault Services Program (SASP) and the STOP Formula Grant Program. SASP (\$50 million) is the only federal funding source exclusively funding direct services for survivors of sexual assault. Grant funds can be used for crisis intervention, counseling, support for underserved populations, and especially accompaniment through the medical and criminal justice systems and supported services for 49,068 survivors in 2016. The VAWA STOP Formula Grant Program (\$222 million) is critical to the coordinated criminal justice response to addressing domestic violence and sexual assault and served 362,172 survivors in 2016. The Grants to Encourage Arrest (\$73 million) program brings community stakeholders together to improve the criminal justice response to these crimes and includes a homicide reduction program. Specifically designed programs that meet the specialized needs of victims, including the Legal Assistance to Victims (\$57 million), the Rural Grant (\$50 million), Transitional Housing program (\$36 million), Elder Abuse

Grant program (\$9 million), Protections and Services for Disabled Victims (\$9 million), and Outreach to Underserved Victims (\$2 million), all work together to provide the full range of services to meet victim needs. VAWA also funds programs designed to prevent domestic violence, sexual assault, dating violence, stalking and addresses crimes experienced by children and youth – including the Violence on College Campuses Grants (\$26 million), the SMART and CHOOSE Youth (\$15 million) programs, the Grants to Support Families in the Justice System (\$22 million). The Rape Survivor Child Custody Act (\$2.50 million) provides rights for victims of rape. Programs that address the needs of Native American victims include Research on Violence Against Indian Women (\$1 million), the VAWA Tribal Jurisdiction (\$5 million), National Tribal Sex Offender Registry (\$1 million) and the National Clearinghouse on Sexual Assault of American Indian and Alaska Native Women (\$0.5 million). Finally, the Resource Center on Workplace Response (\$1 million) helps companies address domestic violence and sexual assault in the workplace.

Despite the critical need for services, training, and the proven effectiveness of VAWA's programs, funding has remained relatively level. Programs are struggling to meet the increasing demand for services without additional resources. Therefore, we strongly urge you to fund each VAWA program at its authorized level for FY20. Specific program funding history can be found in the attached chart.

Labor Health and Human (LHHS) Programs

Administration for Children and Families – \$314 million request

Family Violence Prevention and Services Act (FVPSA) – \$200 million

The Family Violence Prevention and Services Act (FVPSA) program is the only federal funding source dedicated to domestic violence shelters and programs. It supports life-saving services including emergency shelters, crisis hotlines, counseling, and programs for underserved communities throughout the United States and territories. A 2008 multistate study, funded by the National Institute of Justice, shows conclusively that the nation's domestic violence shelters are addressing both the urgent safety needs and long-term needs of victims, including economic stability. Despite FVPSA's great promise, community based domestic violence programs report that they cannot meet the overwhelming demand for services. In 2016, domestic violence programs funded by the Family Violence Prevention & Services Act (FVPSA) provided shelter and nonresidential services to approximately 1.3 million victims. However, due to lack of capacity, additional 196,467 requests for shelter went unmet. The National Network to End Domestic Violence's DV Counts Census found that in just one day 72,959 victims of domestic violence received services, however, 11,991 requests for services went unmet due to lack of funding. Of those unmet requests, 66% were for safe housing. We urge you to provide \$200 million for FVPSA to address this dangerous gap in services.

The National Domestic Violence Hotline – \$12 million funding request

For 22 years the National Domestic Violence Hotline (The Hotline) has been a critical lifeline for victims and survivors of domestic violence and dating abuse. By providing 24-hour, toll-free and confidential services – crisis support and referrals to local service providers – more than 4.8 million people's lives have been impacted by its work. In 2018, The Hotline received 573,670 contacts and the highly-trained advocate team was able to answer 371,399 requests for help. Yet more work is needed as 202,271 calls, chats, and texts went unanswered due to lack of resources. The Hotline helps diverse populations access services by staffing bi-lingual advocates who assist Spanish contacts and providing

additional translation services in more than 200 languages via a Language Line as well as accessible services for the hearing disabled. In addition, The Hotline partnered with the National Indigenous Women's Resource Center (NIWRC) to develop and launch the StrongHearts Native Helpline in March 2017 to assist Native people affected by relationship violence, who experience domestic violence at far greater rates than other populations in the United States. In 2018, advocates at The Hotline provided 156,157 referrals to domestic violence service providers and 213,926 referrals to additional resources across the nation. The referrals to the field and The Hotline's calls, chats, and texts represent the continuing needs survivors have for local and state level services.

Centers for Disease Control and Injury Prevention

Rape Prevention and Education (RPE) – \$75 million.

The Rape Prevention and Education (RPE) formula grants, administered by the CDC Injury Center, provide essential funding to states and territories to support rape prevention and education programs conducted by rape crisis centers, state sexual assault coalitions, and other public agencies and private nonprofit entities. The RPE program prepares everyday people to become heroes, getting involved in the fight against sexual violence and creating safer communities by engaging boys and men as partners; supporting multidisciplinary research collaborations; fostering cross-cultural approaches to prevention; and promoting healthy, non-violent social norms, attitudes, beliefs, policies, and practices. We know that RPE is working. Building on the success of the innovative Green Dot bystander intervention campaign on campuses, Kentucky RPE programs expanded into high schools. A 5-year randomized intervention trial funded by the CDC found a more than 50% reduction in the self-reported frequency of sexual violence perpetration by students at schools that received the Green Dot training. However, a 2018 survey by the National Alliance to End Sexual Violence (NAESV) revealed that 40% of programs had a waiting list of 30 days or more to respond to prevention program requests while many counties have no access to RPE funded programs. Demand for prevention has skyrocketed, campuses have increased need, yet programs cannot meet the increased demand. If our children are to face a future free from sexual violence, RPE must be funded at \$75 million.

DELTA Prevention Program – \$10 million funding request

The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) program at CDC is the only dedicated federal funding source for the primary prevention of domestic violence. In approximately 50 communities across the nation, the DELTA program works to identify effective strategies for preventing first-time perpetration and first-time victimization of domestic violence. The growing evidence base indicates that domestic violence and dating violence rates can be decreased over time with the implementation of DELTA programming. An increase in funding will enable the DELTA program to expand to additional states and communities and will also provide opportunities for communities to leverage additional funding. DELTA should be funded at a level of at least \$10 million.

PHHSBG – Preserve Block Grant at \$160 million with \$7 million rape set-aside request

The Preventive Health and Health Services Block Grant (PHHSBG) administered by the CDC, allows states, territories, and tribes to address their own unique public health needs and challenges with innovative and community-driven methods. The Public Health Service Act of 2010 included a guaranteed \$7 million minimum set-aside to support direct services to victims of sexual assault and to prevent rape. Rape crisis centers depend on this flexible source of funding to provide direct services,

guaranteed \$7 million minimum set-aside to support direct services to victims of sexual assault and to prevent rape. Rape crisis centers depend on this flexible source of funding to provide direct services, operate hotlines, and offer prevention programs. PHHSBG should be funded at \$160 million with the \$7 million rape set-aside protected.

Office on Women's Health

Violence Against Women Health Initiative (Project Connect) – \$10 million funding request

This program provides funding for states to develop a public health response to abuse by strengthening the health care system's identification, assessment, and response to victims and by educating health care providers. According to the CDC's NISVS survey, 42% of women who were victims reported an injury and 22% needed medical care. Victims were also more likely to experience PTSD and long-term chronic diseases such as asthma and diabetes. Increased funding in FY20 would enable new states to be funded as grantees.

These programs are crucial investments in our society that save lives, rebuild families, protect children and teens, conserve taxpayer resource, and prevent future crimes. Survivors are counting on us to maintain investments in healing and life-saving services. Again, we are grateful for your support in the past, and urge you to protect and support VAWA, FVPSA, and related programs.

Sincerely,



Gwen Moore
Member of Congress



John Katko
Member of Congress



Jan Schakowsky
Member of Congress



Brian K. Fitzpatrick
Member of Congress



Judy Chu
Member of Congress



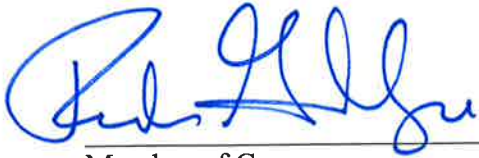
Fred Upton
Member of Congress



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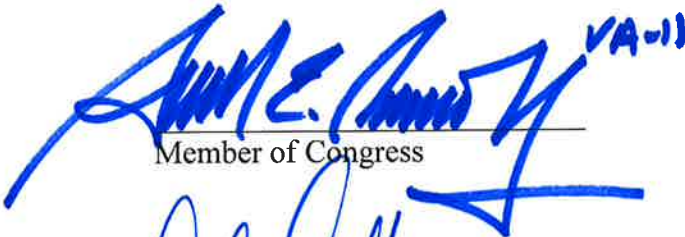
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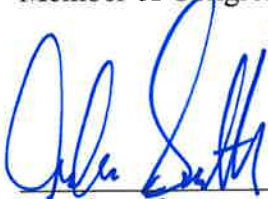
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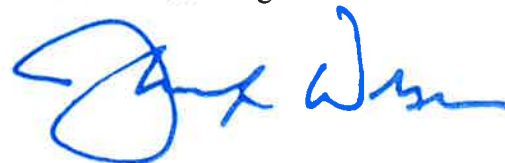

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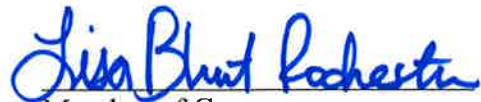

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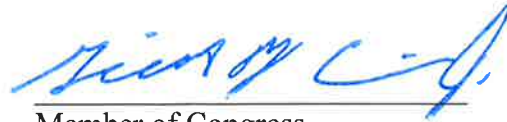
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